

Exh 14-1 **DAILY TRIP REPORT**

Driver Name: _____

Date: _____

Vehicle # _____ type _____

Name of Recipient	Pick up time	Pick up odometer	Drop off time	Drop off odometer	Recipient Signature	Trip miles
Pick up location & address						
Drop off location & address						
Round Trip ____ One Way ____ Mult stops ____ AHCCCS #: _____ Mailing Address: _____ Reason for Visit/Diagnosis (Be specific): _____ Name of Escort: _____ Relationship: _____						

Name of Recipient	Pick up time	Pick up odometer	Drop off time	Drop off odometer	Recipient Signature	Trip miles
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This is to certify that the information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Driver Signature _____ Date _____

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